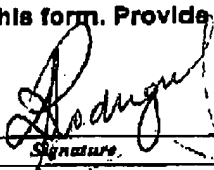
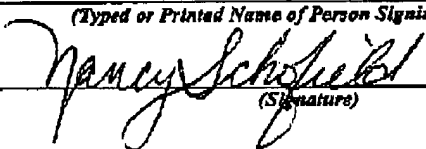


SEP 14 2005

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>141621-1</b>	
Applicant(s): <b>Safwat Tadros, et al.</b>						
Application No. <b>10/705,590</b>	Filing Date <b>November 10, 2003</b>	Examiner <b>Melba N. Bumgarner</b>	Customer No. <b>23413</b>	Group Art Unit <b>3732</b>	Confirmation No. <b>6234</b>	
Invention: <b>FORMABLE SHEETS FOR MEDICAL APPLICATIONS AND METHODS OF MANUFACTURE THEREOF</b>						
<b>COMMISSIONER FOR PATENTS:</b>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	22 -	22 -	0	x \$50.00	\$0.00	
INDEP. CLAIMS	3 -	3 -	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 Signature			Dated: September 14, 2005			
<b>David E. Rodrigues</b> Registration No. 50,604 Customer No. 23413 (860) 286-2929			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on September 14, 2005 (Date)			
cc:			Signature of Person Mailing Correspondence <b>VIA FACSIMILE</b> Typed or Printed Name of Person Mailing Correspondence			

P11LARGE/REV09

SEP 14 2005

<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b> Applicant(s): Safwat Tadros, et al.			Docket No. 141621-1
Application No. 10/705,590	Filing Date November 10, 2003	Examiner Melba N. Bumgarner	Group Art Unit 3732
Invention: <b>FORMABLE SHEETS FOR MEDICAL APPLICATIONS AND METHODS OF MANUFACTURE THEREOF</b>			
<p>I hereby certify that this <u>Amendment and Response (11 pages); Amendment Transmittal Letter (1 page)</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(571) 273-8300</u>) on <u>September 14, 2005</u> (Date)</p> <p style="text-align: center;">Nancy Schofield (Typed or Printed Name of Person Signing Certificate)  (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

P18/REV02

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Case No. 141621-1

SEP 14 2005

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant:	Safwat Tadros, et al.	)	
		)	Group Art Unit: 3732
Serial No.:	10/705,590	)	
		)	
Filed:	November 10, 2003	)	Examiner: Bumgarner, Melba N.
		)	
For:	FORMABLE SHEETS FOR	)	
	MEDICAL APPLICATIONS AND	)	
	METHODS OF MANUFACTURE	)	
	THEREOF	)	

**VIA FACSIMILE: 571-273-8300**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT AND RESPONSE**

Sir:

This Amendment and Response is submitted in response to the Office Action dated July 14, 2005.

Please amend the Application as follows: